

Commonwealth of Kentucky

Cabinet for Health and Family Services



eKASPER

**Institutional Master Account Login
And Delegate Maintenance User Guide**

**Version 2.0
May 28, 2013**

ASPER	Version: 2.0
Institutional Master Account Login and Delegate Maintenance User Guide	Issue Date: 05/24/2013

Revision History

Date	Version	Request #	Description	Author
05/02/2013	1.0		Initial Draft	Amanda Hudson
05/24/2013	2.0		Revised Draft	Amanda Hudson

Sign-Off

Sign-off Level	Date	Name	Signature
Level 1			
Level 2			
Level 3			

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Introduction

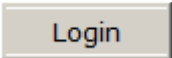
Kentucky Statutes and Regulations allow the establishment of eKASPER institutional accounts and allow the eKASPER institutional master account holder to establish one or more delegate accounts who may request eKASPER reports on behalf of the institution. This document provides information on establishing and maintaining eKASPER delegate accounts under an eKASPER institutional master account.

1.0 Initial Login for a Master Account Holder

The Institutional Master Account Holder can login to eKASPER to establish their master account and to create a delegate account. Go to <https://portal.chfs.ky.gov/login/login.aspx>. The following login steps are for the first time the Institutional Master Account Holder logs into eKASPER.

If the account holder has already completed the initial login process, please login and proceed directly to Step 2.0 Creating a Delegate Account.

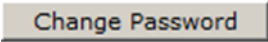
1.1 User Login

Enter the username and password that was received via email. Click the  button.

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The screenshot shows the 'Change Password' page on the Kentucky Cabinet for Health and Family Services website. At the top, there is a header with the Kentucky.gov logo and the text 'KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES'. Below the header, there are links for 'About CHFS', 'Contact Us', and 'Forms and Documents'. The main heading of the form is 'Change Password'. A red message states: 'Your password must be changed. Please enter a new password.' There are two input fields: 'New Password:' and 'Confirm New Password:'. A 'Change Password' button is located at the bottom right of the form.

1.2 Change Password

The Password sent via email is temporary and must be changed. The new password requires at least 5 characters in length, an upper case letter, a lower case letter, a special character, and a number. The password will expire every 90 days. Click the  button.

The screenshot shows the 'Password Reset Questions' page on the Kentucky Cabinet for Health and Family Services website. The heading is 'Password Reset Questions'. Below the heading, there is a message: 'Please provide an answer to the following questions. If you need to reset your password you will be prompted with these questions again in order to reset your password.' There are three questions with corresponding input fields: 1. 'What is the make of your first car?' with a 'Test' input field; 2. 'What is your pet's name?' with a 'Test' input field; 3. 'What is your mother's maiden name?' with a dropdown menu and a 'Test' input field. A 'Submit' button is located at the bottom right of the form.

1.3 Password Reset Questions

Answers to the Password Reset Questions are required; however the answers do not have to correspond to the questions. You can choose any answer you want, but need to remember the answer you enter to identify yourself to the system when requesting an automatic password change. The answers are case sensitive.

Click the  button.

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Terms And Conditions For Authorized Use Of eKasper

This website contains protected health information and is intended only for an authorized individual or entity. Such confidential information is legally privileged and exempt from disclosure under applicable law. If you do not have authorization to handle protected health information, you are notified that any inappropriate dissemination, distribution or copying of this information is strictly prohibited. The terms of this disclosure are governed by 45 CFR Parts 160 and 164 as well as KRS 218A.202.

Sharing passwords and usernames is expressly prohibited. I understand that if I grant authority to another person to utilize this website on my behalf, I am accepting full responsibility for that person's use of the information obtained.

I also agree to notify the Cabinet for Health and Family Services of any misuse of information contained in the website.

1.4 Terms and Conditions for Authorized Use of eKASPER

Click the  button.

2.0 Creating a Delegate Account

Request Report - For Single Patient * Required Field

Patient / Subject Details

First Name * Last Name *

ID Type SSN *

DOB(mm/dd/yyyy) * [Click here for Aliases](#)

Patient / Subject Address Info

Address * City *

State Zip Code

[Click here for Other Addresses](#)

Report Details (Date in mm/dd/yyyy format)

From Date * To Date *

Other States ([Help](#)) ☐ AL ☐ IN ☐ OH ☐ MI ☐ SC

A separate request must be submitted for Alabama data

Facility ☒ Email Notification

Click the  link.

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2.2 Delegate Administration

Click the **Delegate Administration** link.

2.3 Delegate Request

Fields marked with an asterisk * are required. For institutional delegate accounts the following information is required:

1. First Name
2. Last Name
3. Date of Birth (DOB)
4. ID Type (Driver's License)


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5. ID (delegate's Kentucky Driver's License number)
6. Last 4 digits SSN
7. Email Address
8. Mother's maiden name
9. Address, City, State, and Zip
10. Home Phone Number

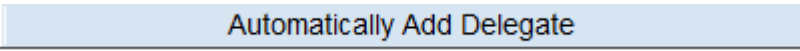
IMPORTANT: If the delegate already exists under a different eKASPER master account or there are plans to add the delegate under another eKASPER master account in the future, please ensure that the first name, last name, Date of Birth and Last 4 digits of the Social Security Number are entered exactly the same by all eKASPER master account holders. This will ensure the delegate only has one eKASPER account. The delegate will have the ability to select which eKASPER account they are requesting a report under.

2.3.1 Facility Verification

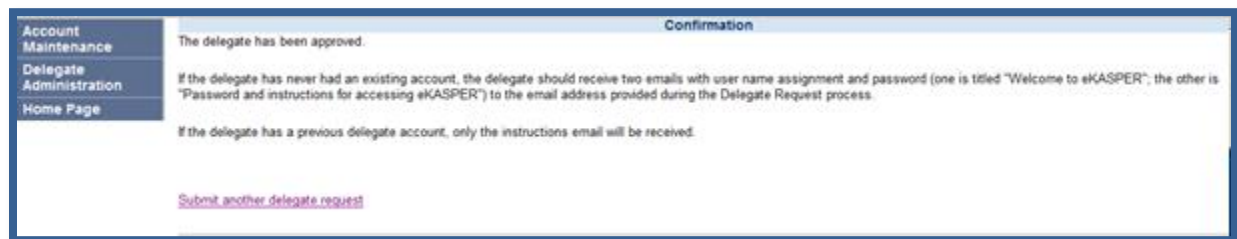


Verify the  check box is checked for the appropriate facility.

2.3.2 Automatically Add Delegate

Click the  button.

IMPORTANT: The system will attempt to verify the delegate's Driver's License number with the Kentucky Department of Transportation Driver's License database. If the information entered does not match the information in the Driver's License database, you may bypass this verification. To do so, select "other type" for the ID Type, and enter a different identifier. The system will not attempt to verify this identifier, however the master account holder will be asked to confirm they accept responsibility for verifying the delegate's identity. Click the 'OK' button, then the "Automatically Add Delegate" button for immediate approval of the delegate account.



2.4 Confirmation

An eKASPER username and password will be sent separately to the email address provided for this delegate. The email that includes the username will be titled "Welcome to eKASPER", and the password email will be titled "Password and instructions for accessing eKASPER". If the delegate has a previous account they will use their existing username and password.

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2.5 Submit Another Delegate Request

To add another delegate, click the [Submit another delegate request](#) link. This will take you back to the Delegate Request screen to enter the delegate's personal information. The Master Account Holder must complete this process for each delegate account and may add as many delegates as needed.

3.0 Deactivating a Delegate

To deactivate a delegate account the Master Account Holder must be logged into the eKASPER website: <https://portal.chfs.ky.gov/login/login.aspx>. Once logged in the following screen should appear:

Request Report - For Single Patient * Required Field

Patient / Subject Details

First Name * Last Name *

ID Type SSN *

DOB(mm/dd/yyyy) * [Click here for Aliases](#)

Patient / Subject Address Info

Address * City *

State Zip Code

[Click here for Other Addresses](#)

Report Details (Date in mm/dd/yyyy format)

From Date * To Date *

Other States ([Help](#)) ☐ AL ☐ IL ☐ IN ☐ OH ☐ MI ☐ SC ☐ KY

A separate request must be submitted for Alabama data

Facility

☒ Email Notification

3.1 Administration

Click the [Administration](#) link.

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Account Maintenance
Delegate Administration
Home Page

Account Maintenance

Master Account Information						
First Name	Last Name	Login Name	Phone	Status	View Delegate Details	View Details
JOHN G	KASPER-IA	bJOHNG.KASPERIA	(502) 695-9999	Active		Select

Delegate Account Information						
First Name	Last Name	Login Name	Status	View Details		
MARY	INSTITUTIONS	bMARY.INSTITUTIONS	Active	Select		

Prescribing Report Request

NOTE: Please call the business office at (502) 564-2815 for a report on any other DEA numbers

Report Details (Date in mm/dd/yyyy format)

Report for Prescriber DEA #: IA00000001

From Date *

To Date *

3.2 Delegate Selection

Click the [Select](#) link that corresponds to the delegate that needs to be deactivated.

Account Maintenance
Delegate Administration
Home Page

Delegate Maintenance

Personal Information

First Name* Last Name*

DOB* Account Type

ID Type* ID*

Degree Last 4 digit SSN*

State Issued

Email Address*

Mother's maiden name*

Address*

City* State Zip Code*

Home Phone* Requests Per Day

Acct Created ☒ Email Notification

Pro Lic. /Reg #

DEA#

Facility Information

Name	Phone	Fax	Address	City	State	Zip	Select	Active
UK EMERGENCY ROOM	(859) 270-2222	(859) 270-2221	1948 MEDICAL PLAZA WAY	LEXINGTON	KY	40502	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Delegate Roles

☒ Request ☒ View/Print

3.3 Delegate Deactivation

Uncheck the active ☒ check boxes for all facilities listed for the delegate and click the button.

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3.4 Account Maintenance

Please Note: The delegate status should now be Inactive and can be verified by clicking the



link.

4.0 Reactivating an Inactive Delegate

To reactivate an inactive delegate account the Master Account Holder must be logged into the eKASPER website: <https://portal.chfs.ky.gov/login/login.aspx>. Once logged in the following screen should appear:

4.1 Administration

Click the **Administration** link.

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Account Maintenance Delegate Administration Home Page	Account Maintenance						
	Master Account Information						
	First Name	Last Name	Login Name	Phone	Status	View Delegate Details	View Details
	JOHN G	KASPER-IA	bJOHN.G.KASPERIA	(502) 695-9999	Active		Select
	Delegate Account Information						
	First Name	Last Name	Login Name	Status	View Details		
	MARY	INSTITUTIONS	bMARY.INSTITUTIONS	InActive	Select		
	Prescribing Report Request						
	NOTE: Please call the business office at (502) 564-2815 for a report on any other DEA numbers						
	Report Details (Date in mm/dd/yyyy format)						
	Report for Prescriber DEA #: IA0000001						
	From Date *	03/05/2013		To Date *	05/04/2013		
	View Report						

4.2 Delegate Selection

Click the [Select](#) link that corresponds to that delegate.

Account Maintenance Delegate Administration Home Page	Delegate Maintenance												
	Personal Information												
	First Name*	MARY			Last Name*	INSTITUTIONS			Account Type	Prescriber			
	DOB*	9/27/1982			ID*	M01-999-999			ID Type*	Driver's License			
	Degree				Last 4 digit SSN*	9999			State Issued	KY			
	Email Address*	mary.institutions@aol.com						Mother's maiden name*	LEWIS				
	Address*	999 NEW CIRCLE ROAD						City*	LEXINGTON	State	KY	Zip Code*	40502
	Home Phone*	859	292	9999	Requests Per Day	100		Acct Created	5/23/2013		<input checked="" type="checkbox"/> Email Notification		
	Pro Lic. /Reg #							DEA#					
	Facility Information												
	Name	Phone	Fax	Address	City	State	Zip	Select	Active				
	UK EMERGENCY ROOM	(859) 270-2222	(859) 270-2221	1948 MEDICAL PLAZA WAY	LEXINGTON	KY	40502	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
	Delegate Roles												
	<input checked="" type="checkbox"/> Request <input checked="" type="checkbox"/> View/Print												
	Submit												

4.3 Delegate Reactivation

Click the ☐ check box for each facility at which you wish to reactivate the delegate and click the [Submit](#) button.

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4.4 Account Maintenance

Account Maintenance

Master Account Information

First Name	Last Name	Login Name	Phone	Status	View Delegate Details	View Details
JOHN G	KASPER-IA	bJOHN.G.KASPERIA	(502) 695-9999	Active		Select

Delegate Account Information

First Name	Last Name	Login Name	Status	View Details
MARY	INSTITUTIONS	bMARY.INSTITUTIONS	Active	Select

Prescribing Report Request

NOTE: Please call the business office at (502) 564-2815 for a report on any other DEA numbers

Report Details (Date in mm/dd/yyyy format)

Report for Prescriber DEA #: IA0000001

From Date * 03/05/2013 To Date * 05/04/2013

[View Report](#)

Please Note: The delegate status should now be Active and can be verified by clicking the

Account Maintenance

link.

5.0 How to Log Out of eKASPER

To log out of the eKASPER system click the **Log Out** link in the upper right hand corner of the eKASPER application.

Kentucky.gov **eKASPER (10.2)** KY Agencies | KY Services

KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES
KENTUCKY ALL SCHEDULE PRESCRIPTION ELECTRONIC REPORTING

Status of Requests

Search by Request Number
Request #

(OR) Search by Patient/Subject Information
First Name Last Name Date of Birth

[Search](#) [Reset](#) ☒ Show other delegate requests

List of Request Status

Req#	Date Requested	Patient Info	No of Rec	Status	Reason	Requested By	Archive
975290	05/24/2013	Meredith, Cassie, 04/16/2002	0	Ready		JOHNSON, MEREDITH	<input type="checkbox"/>
975287	05/23/2013	Smith, Patrick, 12/15/1986	0	Viewed		INSTITUTIONS, MARY	<input type="checkbox"/>

[Archive](#)

[Contact](#) [Log Out](#)